

ECS Configuration Change Request

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|---|--|---------------------|--|--|-----------------|------------------|--|
| CCR No. 96-1371 | | Logged Date 12/5/96 | | Rev. - | | Request Type CCR | |
| Priority Routine <input checked="" type="checkbox"/> Urgent <input type="checkbox"/> Emergency <input type="checkbox"/> | | Affected Release B | | | Change Class II | | |
| Title (description) FOS Integration and Test Procedures for the ECS Project | | | | | | | |
| Documents Affected 322-CD-010-002 | | | | Source Nos (RID, NCR, Action Item, GSFC CCR, etc.) or Tech Reference 322-CD-010-002 | | | |
| RTM Change <input type="checkbox"/> Start New Baseline <input type="checkbox"/> | | | | | | | |
| Problem Review by the FOS CCB Board of The FOS Integration and Test Procedures for the ECS Project to be delivered to NASA/Goddard on 12/6/96. | | | | | | | |
| Proposed Solution | | | | | | | |
| Impact Analysis: Organizations Affected: BOO <input type="checkbox"/> Contracts <input type="checkbox"/> ECS Chief Eng <input type="checkbox"/> FOS <input checked="" type="checkbox"/> M&O <input type="checkbox"/> Procurement <input type="checkbox"/> QO <input type="checkbox"/> Rel. Dev <input type="checkbox"/> Rel. A <input type="checkbox"/> Rel. C <input type="checkbox"/> SCDO Arch. <input type="checkbox"/> Science Off <input type="checkbox"/> Security <input type="checkbox"/> Subcontract <input type="checkbox"/> Sys. Eng <input type="checkbox"/> Sys Verf Acpt <input type="checkbox"/> | | | | | | | |
| Cost: None <input checked="" type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> (Not exceeding \$100,000) (\$100,000 to \$500,000) (Over \$500,000) | | | | | | | |
| Schedule: None <input checked="" type="checkbox"/> Other _____ Additional LOC _____ Man-Months _____ Materials _____ | | | | | | | |
| Originator Don Owen (signed) Don Owen 12/5/96 Signature _____ Date _____ | | | | | | | |
| Office FOS Office Manager (signed) Debbie Dunn 12/5/96 Signature _____ Date _____ | | | | | | | |
| Disposition Approved <input type="checkbox"/> Approved w/Comment <input checked="" type="checkbox"/> Forward <input type="checkbox"/> Disapproved <input type="checkbox"/> Comments: CCB Chairperson (signed) Debbie Dunn 12/5/96 Signature _____ Date _____ | | | | | | | |